

# **EXHIBIT 14**



I understand and agree that I assume all risks associated with medical care provided under this paragraph, and I waive any claim that I might make against WTA Tour or Authorized Persons for any injury arising out of or relating to the provision of medical care, and I release WTA Tour and Authorized Persons from liability for any and all such injuries.

**PLAYER**

I, the undersigned Nicole Melichar-Martinez have read, understand, consent, and agree to be bound by the above Sections 1-4.

(Signature): N M DATE: 01/05/24

**PARENT/LEGAL GUARDIAN (IF APPLICABLE)**

I, the undersigned \_\_\_\_\_, as Parent/Legal Guardian of \_\_\_\_\_(player), (i) represent and agree that I have read and fully understand the above Sections 1-5 and have explained to my minor child/ward the risks of participation, her responsibilities for adhering to the WTA Rules, TACP, and TADP, and that my child/ward understands the above Sections 1-5, and (ii) consent and agree on behalf of myself and my minor child/ward to be bound by the above Sections 1-5.

(Signature): \_\_\_\_\_ DATE: \_\_\_\_\_